

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155618	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/19/2011
NAME OF PROVIDER OR SUPPLIER MANOR CARE HEALTH SERVICES SUMMER TRACE			STREET ADDRESS, CITY, STATE, ZIP CODE 12999 N PENNSYLVANIA STREET CARMEL, IN 46032		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
R 000	INITIAL COMMENTS The following residential findings were cited in accordance with 410 IAC 16.2-5.	R 000			
R 033	410 IAC 16.2-5-1.2(h)(1-2) Residents' Rights - Noncompliance (h) The facility must furnish on admission the following: (1) A statement that the resident may file a complaint with the director concerning resident abuse, neglect, misappropriation of resident property, and other practices of the facility. (2) The most recently known addresses and telephone numbers of the following: (A) The department. (B) The office of the secretary of family and social services. (C) The ombudsman designated by the division of disability, aging, and rehabilitation services. (D) The area agency on aging. (E) The local mental health center. (F) Adult protective services. The addresses and telephone numbers in this subdivision shall be posted in an area accessible to residents and updated as appropriate. This RULE is not met as evidenced by: Based on observation and interview, the facility failed to ensure the addresses and phone numbers of the client advocacy groups were posted in an area accessible to all residents. This had the potential to affect 80 of 80 residents residing in the residential portion of the facility. Findings include: During the environmental tour on 8/17/11 at 11:22 A.M., the posting of client advocacy groups was found in the library near the front of the main	R 033			

Indiana State Department of Health

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

MZMC11

If continuation sheet 1 of 2

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155618	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/19/2011
NAME OF PROVIDER OR SUPPLIER MANOR CARE HEALTH SERVICES SUMMER TRACE			STREET ADDRESS, CITY, STATE, ZIP CODE 12999 N PENNSYLVANIA STREET CARMEL, IN 46032		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
R 033	<p>Continued From page 1</p> <p>entrance. This area is off of an attached hallway which leads to the 1st floor of residential area which is for the independent living residents. The 2nd and 3rd floors are where the residents receiving support services are residing. There was no posting of the client advocacy groups information on either of these floors.</p> <p>During an interview on 8/17/11 at 11:02 A.M. with the Maintenance Manager, he indicated that he did not know where this information is posted.</p> <p>An interview with the Executive Director on 8/17/11 at 11:23 A.M., indicated the client advocacy numbers information has always been posted in the library near the main entrance of the building not on the 2nd and 3rd floors where some of the residents live.</p>	R 033			